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Original Communications.

BRIEF MENTION OF TWO INTERESTING PARASITIC DISEASES, WITH THEIR TREATMENT.

By J. H. SALISBURY, M.D., Cleveland, O.

Chloasma produced by the Microsporon furfur (ROBIN).—Mr. E. B., cigar-maker, Cleveland, aged 30, came to me in January last, covered over the whole trunk, anteriorly and posteriorly, with brownish yellow maculæ or spots of irregular outline, from the size of a pin head to 4 and 6 lines in diameter. The spots were not elevated above what appeared to be the surrounding healthy skin. Epidermis soft and pultaceous and easily rubbed off, appearing spongy when scraped with a scalpel, coming off in moist oily scales. By raising up the edge of a patch of colored cuticle, and taking hold of it with a pair of forceps, it peeled off like the epidermis from a boiled apple. The sheets and night dresses were covered with furfureous scales.

On microscopic examination, the epidermis was found filled with a fungus (*microsporon furfur*) both in the spore and filamentous stages of development. The dark spots were where the spores were developing in multitudes. These were the points of fructification. The intervening spaces were filled with the mycelium of the fungus.

1. Represents the spores of the *M. furfur* (ROBIN).
2. Represents the embryonic filaments of same.
3. Represents the structure of the filaments.
4. Represents the mycelium.

Treatment.—The patient was pale, anæmic, emaciated, nervous and fretful, and was disturbed at night with alternate sweating and chilliness. Ordered a good substantial diet of rare beef and bread, with a plenty of out-door exercise, and put him on the following treatment:—*R.* Acid. sulphuric. aromatic. \mathfrak{z} iii. *S.* Put 2 teaspoonfuls in half a pint of warm water and wash

the body and limbs all over every other night and wipe dry after. *R.* Nichols. sol. bi-sulphite of soda, \mathfrak{z} iii. *S.* Put $\frac{1}{4}$ table spoonfuls in half a pint of warm water, and wash the body and limbs all over every other night and wipe dry. *R.* *Tr. ferri chlorid.* \mathfrak{z} iii. *S.* Take 20 drops in a full glass of water 2 hours after each meal. *R.* *Tr. cinchonæ comp.* \mathfrak{z} vi.; *Potass. bromid.* \mathfrak{z} iv. *S.* Take a teaspoonful before each meal.

Fig. 1.

Fig. 2.

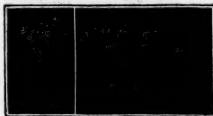
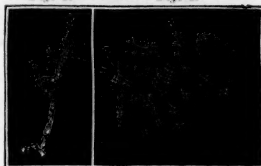


Fig. 3.

Fig. 4.



On the fourth day of the treatment, the spots had entirely disappeared. There were, however, many sickly spores and filaments remaining in the epidermis, but their further development seemed to be entirely checked. Continued treatment. At the end of two weeks, the vegetation had entirely disappeared, the skin had become smooth and healthy, and he had gained several pounds in weight and was feeling perfectly well; the nervousness, chilliness, sweating and wakefulness having entirely ceased.

Parasitic disease of the Conjunctival Membrane and Epidermis of Cheek.—Mr. A. W., a carpenter of Cleveland, aged 26, came to me about the first of February last, with a diffuse inflammation, roughness and edema of eyelids and the surrounding soft parts. The inflammation and scaly condition extended over nearly the whole cheek, to the wing of the nose, and from this point up

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the ridge of this organ to the forehead, involving the entire eyebrow. The first impression was, that it was a case of erysipelas. A more careful examination discovered the epidermis to be filled with a fungoid growth, in the spore and filamentous stages of development.

5. Represents the spores of this parasite, and

6. The embryonic filaments.



This vegetation extended to the conjunctival membrane lining the eyelids, and probably to the tear gland, as there was an excessive flow of the lachrymal secretion which ran down over the cheek.

Prescribed:—*R.* Dilute citrine ointment, $\mathfrak{z}\text{i}$; glycerine, $\mathfrak{z}\text{iii}$. *M. S.* Apply morning, noon and night, to the inside of eye and over the entire affected parts. *R.* Nichols. sol. bi-sulphite of soda, $\mathfrak{z}\text{ss}$; aque, $\mathfrak{z}\text{viii}$. *M.* With an atomizer, threw the spray of this mixture into the eye and over the cheek, for five minutes, morning and evening, after washing and before applying the ointment. *R.* Tr. ferri-chlorid. $\mathfrak{z}\text{iii}$. *S.* Take 20 drops in a full tumbler of water two hours after breakfast and dinner. Forbid the use of sweets and all organic acids, and ordered a plain substantial diet. The patient rapidly improved, and in three weeks not a trace of the parasitic growth could be detected.

CASE OF PELVIC CELLULITIS.

By A. D. SINGLAIR, M.D., Boston.

Mrs. —, aged 45, slender frame, fleshy, and generally healthy, married late in life, and never pregnant. Suffered from an attack of phlebitis of extremities, anterior and upper part of chest and lower portion of abdomen, less than a year ago. Catamenia sufficient and regular.

Dec. 26th, 1866, immediately after a menstrual period she underwent considerable fatigue in walking about the city, got her feet and clothes damped. Had some headache during the day, which passed off early in the evening, when she was seized with severe hypogastric pain and frequent micturition, temporarily relieved by hot fomentations, &c. On the following day and evening, she had nausea and vomiting, chills and fever, followed by perspiration. Pulse 108.

28th.—Carefully examined, per vaginam, but nothing remarkable discovered, except some tenderness about the uterus. Abdomen tympanitic and tender on pressure; pain at epigastrium, in right hypochondrium and back.

31st.—Again examined per vaginam, when an extensive cellulitis, of the right side of the pelvis, was detected. Præcordial pain radiates to axillæ and shoulders. Pulse 130. No dejection since morning of 28th. Symptoms otherwise as already described. Is directed to take a cathartic containing podophyllin, &c., and to have eight leeches applied to the hæmorrhoidal veins.

Jan. 1, 1867.—Pulse 114; three dejections. Leech-bites bled freely. Took a mixture containing quinine and morphia, every four hours, since last evening, with great relief to pain and distress. No headache. Tongue clean at edges, coated at base. Skin warm and soft. Urine passed with great pain, but not quite so often. Uterus fixed by effusion, in pelvic cavity, and cervix pressed, somewhat, against bladder. Cellulitis invades the cervix, laterally and posteriorly, and extends downwards on sides of pelvic cavity, so as to be readily felt through the vagina and rectum. Tumefaction thought to be discernible, on pressure, in right groin. Abdominal distention and tenderness somewhat diminished. Sensation of numbness in back.

2d.—Pulse 102; skin cool; tongue cleaner. Dejection in night with great pain, less general uneasiness since. Dysuria the same. Constant nausea with anorexia. Otherwise about as on yesterday. Uses vaginal injections of hot water, for several minutes, four or five times daily; bran poultices, constantly on abdomen, and a pessary of iodide of lead and belladonna, &c., nightly, in the vagina. Takes morphia and quinine, p. r. n.

Jan. 3.—Pulse 100; rested well until 2, A.M., when she awoke with pain and distress in abdomen. Dejection at 6, A.M., accompanied with much suffering. Otherwise as on yesterday.

5th.—Condition generally about the same. Let hypogastrium be painted daily with the ethereal tincture of iodine.

6th.—Sleep disturbed by sensation of "drawing pain" in back, which still continues. Two dejections after enema yesterday, and two this morning, accompanied with much pain. Dysuria slightly diminished. Pulse 108. No appetite. Tumefaction in right groin distinctly felt for three or four days.

7th.—Throbbing pain in pelvis during night, with increase of dysuria.

8th.—Considerable pain in right groin this morning; occasional pain shoots down lower extremities. Slept better last night, during which she perspired profusely. Dysuria slightly relieved. Bowels relieved

by enema this morning. Mouth and tongue dry. Pulse 108.

9th.—Slept as well. Dejection this morning, with pain. Dysuria less. Complains of exhaustion. Perspiration continues, but may, in part, be caused by an occasional dose of morphine and quinine taken for relief of pain. Pelvic pain not quite so severe as on the 7th.

11th.—Pulse 100. Tongue and mouth more clean and moist. Appetite still poor. Flatulency. Two dejections this morning with less pain. Less pelvic pain and dysuria. Less perspiration. Tumefaction in groin less; that in recto-vaginal space the same as on 1st. Great tenderness on touch between cervix uteri and bladder.

13th.—Pulse 96. Little or no dysuria. Bowels well. Sleeps better than usual. Thirst. More pain in back for past two days. Otherwise as on 11th.

15th.—Pulse 90. Annoying cough during afternoons of three past days, and some nausea. No perspiration since yesterday. Four dejections yesterday with pain, and two painless ones this morning, the latter accompanied by a large discharge of mucopurulent matter. No dysuria. Tumefaction in groin apparently disappeared, also diminished around uterus.

18th.—Pulse 90. Cough and nausea continue. Three dejections daily since 15th, with mucopurulent matter frequently assuming the form and appearance of pieces of raw oysters: occasional discharge of matter independent of action of bowels. Tumefaction about the pelvis diminishing at lower border. Little or no mobility of uterus.

21st.—Pulse 87. Bowels sufficiently free. Discharge of matter as on 18th. Some dysuria. Still some, but not constant, pain in back. Slept better last night than at any time since illness, but perspired profusely for the first time for several days. Appetite returning; takes meat, potatoes, oysters, &c. Increase of tumefaction and pain between cervix uteri and bladder. Catamenia due on 18th.

25th.—Pulse 100. Headache. Throbbing pains about pelvis since last report. Pain in back constant and severe. Dysuria increased. Vomited frequently last evening. No rigors. Dejections, mucopurulent discharge, and tumefaction as at last report.

27th.—Pulse 92. Better generally.

31st.—Pulse 90. Tongue and skin about natural.

February 5th.—Catamenia on 1st, lasting two days with more than usual pain in back. Costive. Appetite diminished. Occasional

headache. Perspired freely last night. Purulent discharge continues. Complains chiefly of dysuria. Tumefaction between cervix uteri and bladder, is easily perceived on external examination. Vaginal examination shows the uterus to have become more moveable than at any time since the onset of the disease. Pulse 90. Takes the tincture of chloride of iron three times a day.

9th.—Dysuria diminished for the past two days. More or less pain about back and pelvis since last report. Bowels free and discharges accompanied with purulent matter. Tumefaction between cervix uteri and bladder diminished, and less tenderness on pressure everywhere in pelvic cavity. Uterus more moveable.

16th.—Pulse 82. Sleep refreshing. Still perspires freely. Dysuria as on 9th. Large purulent discharges, and a good deal of pain in pelvis during the past week. Generally improved.

24th.—Pulse 82. Tongue and skin natural. Appetite excellent. No dysuria. Bowels well, and dejections either covered or accompanied with pus, and without pain. Still keeps her bed, but is desirous to sit up. Pelvic tumefaction disappeared, except a small mass between uterus and rectum which is not tender.

Mar. 5th.—Convalescing steadily. Gains flesh and strength. No uneasiness about pelvis in walking, standing or riding. Catamenia returned after the usual interval, natural and without pain.

Remarks.—Precise details of treatment have been avoided, and it may suffice to state that, *locally*, hot vaginal injections frequently repeated; pessaries of iodide of lead and belladonna, and counter-irritation with the ethereal tincture of iodine, were used: and *constitutionally*, the bowels were kept free by podophyllin, &c., aided not infrequently by simple enemata; the muriated tincture of iron was given in the declining stage of the disease, and the occasional use of an anodyne and tonic in the mixture of morphine and quinine.

The preceding case was one of three almost alike in course and termination which came under my care, nearly at the same time. In one of these the disease came on after a procured abortion, at the fourth month, and declared itself on the tenth day after the expulsion of the ovum; in the other two, at the close of, or very soon after, the catamenial period, during a portion of which they underwent fatigue with exposure to cold and wet. The constitutional and local symptoms in all three were rather so-

vere, and the progress and termination of each case were very similar, except that, in one, profuse menorrhagia obtained during the first two catamenial periods after convalescence.

It is not yet five and twenty years since Marchal de Calvi first in modern times directed attention to this disease, in an essay, entitled "Intra-pelvic Phlegmonous Abscesses." It seems remarkable that the excellent description and plan of treatment of "Abscess in the uterus," given by Archigenes, who practised at Rome in the time of the Emperor Trajan, and preserved to us through many long centuries in that occasionally quoted, but very rarely consulted book, the *Magnumopus* of Ætius, should have been overlooked by students and writers in medicine until the late period alluded to. But he who reads that instructive chapter on the "Historical Disorders of Uterine Pathology" in Dr. Wright's book on uterine disorders, will see that many, if not most, of the modern appliances and plans of medication, are but the revival of those used by the ancients, whose familiarity with the diseases of women lead us to infer that there were, in those days, physicians who made the affections peculiar to women a study; also, that the diseases of women were no less infrequent in ancient Egypt, Greece and Rome, than in modern France, England and America.

"FALSE CERTIFICATES OF DEATH AND THE REGISTRATION LAW."

MR. EDITOR,—The *JOURNAL* of the 14th inst. contains an article by Dr. Buckingham, with the above caption. I am not certain that I fully understand the object of his remarks, but the main drift of them, however, seems to be in opposition to the present registration law.

Dr. B. very properly cautions his brethren against their loose habit of certifying to the cause of death when they are necessarily ignorant of it, and intimates that they will some day come to grief in consequence, by being cornered, in an unguarded moment, by some sharp attorney.

He says that, as the law "now stands, it is useless. The very fact that I [he] saw a man during his last sickness, though it may have been years before he died, makes me liable to the penalty if I refuse to fill the certificate." Now, whatever the letter of the law may express, no physician is ever required, or expected, to furnish a certificate under such circumstances, after such

facts are communicated to the person soliciting it; nor would such physician hazard one infinitesimal chance in a thousand by merely saying the patient was not his at the time of death. A simpler step to get rid of the annoyance could hardly be imagined.

Dr. B. says that statistics collected under the law are worse than valueless, for the reason, first, that certificates are often filled out by persons with no medical education. Undoubtedly, certificates of this character are comparatively worthless, but it is not easy to see how this should render those valueless which do not emanate from those sources; nor how the matter would be improved if no certificates were required or given. Now, it certainly happens that very few certificates are derived from these uneducated practitioners—not enough to discredit those of other origin.

Dr. B. further says:—"Some physicians certify to the cause of death, and to the age at death, when they should refuse any certificate, having seen patients only *in articulo mortis*, and having no data by which to judge either of the age or sickness," except by hearsay. It may, or it may not, be that such physicians have no data by which they can certify to the ages, or to the cause of death; indeed, there may be data by which a physician can determine the cause of death as accurately as if he had been in attendance from the commencement of the illness to the decease of the subject. The truth is, however, though the age is on the blank certificate, no physician is required or asked to certify to the age; he is merely expected to state ("when requested to do so within fifteen days after the decease") "the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same." It would puzzle a Philadelphia lawyer to specify the peculiar hardship of such a requirement.

With regard to the request made of Dr. B. to fill a certificate of a former patient who had subsequently sought the healing art of a spiritual medium, it might not be out of place to ask, if the request did not cease the moment the Doctor was pleased to inform the undertaker of the fall of his quondam patient from medical grace? As it is not the duty of undertakers to persevere after learning such facts, they are needlessly adding to their labors by so doing, without receiving any corresponding benefit.

Dr. B. instances a case where the death of a child occurred from a button having been lodged in the trachea, and a physician

returned the cause of death as *membranous croup*. This, certainly, is a strong case against the physician; it could not have been stronger if it had concerned a "spiritual medium," but it does not seem particularly conclusive against the law requiring the statement of the true cause of death.

Dr. B. also instances the fact that he was called upon to fill a certificate in the case of a seven months' fetus, whose mother was his patient, but he is particular to state that the child had not been. It would not be surprising that an undertaker, on being called on to perform his duty, should not be aware that the physician who officiated at the delivery was not cognizant of the birth. Nor would he be likely to know whether the child was born dead or alive, until apprised of the fact.

Dr. B. further states, that undertakers desire certificates because the return pays them a fee, and that registrars desire them for the same reason. This is a mistake, for the latter officers receive neither more nor less with or without certificates. Town clerks receive a fee for a return of the death, not for the certificate. As for the undertakers, not only would they be willing to relinquish the fee, but most of them would gladly give twice the amount of the same out of their own pockets if they could be relieved of the duty of running after these certificates. Their fee is just ten cents for each certificate returned (which is only paid in the city of Boston), and some certificates have each required more time to procure than five dollars would pay for.

Perhaps the law is defective in some particulars, but certainly not in those instanced by Dr. Buckingham. The law could do no more than to exact a certificate from attending physicians, containing the facts already stated; and to be of any value it could not do less: and it does not require anything else. The facts brought together and expressed in the manner provided by the registration law, would, without it, be nothing more than a mass of segregated items, incapable of any general application or benefit. One would naturally suppose that physicians, above all other professional men, would readily perceive the value of the object which the law in question was designed to effect, and would be unwilling to place any obstructions in the way of those who are striving to carry out the law in its spirit. Indeed, it does not seem too much to expect that they would submit to a little trial of their patience, and a slight expenditure of time, if need be, to help along the good work. A.

Boston, May 22, 1868.

THE DANGER OF MERCURIALS.

By DAVID S. H. SMITH, M.D., L.R.C.S. Edin., Mabbetsville, N. Y.

No therapeutical agents have been used so extensively and in so great a variety of diseases as the preparations of mercury, yet none, *on the whole*, have yielded less satisfactory results. It is related of Mr. Colles, of Dublin, that he advised his pupils to give calomel whenever they were in doubt as to what medicine to prescribe. Unfortunately for the health of the public and the credit of the profession, the advice has been strictly followed by numerous practitioners who never heard of Mr. Colles.

It has been laid down as a maxim almost infallible, that in mucous inflammations our sheet-anchor ought to be tartarized antimony; in serous inflammations, mercury. The rapid absorption of the lymph effused upon the anterior surface of the iris in syphilitic inflammation of the eyeball, as soon as the gums become tender under the use of calomel, has been considered a sufficiently important fact to warrant the application of the same remedy to all inflammations attended with the effusion of coagulable lymph. The deductions from this important fact have been false, and have led to numerous errors in practice. The effusion has been caused by the presence in the blood of a foreign body—the syphilitic poison. The mercurial preparation has stimulated the various excretory organs to such a degree that they have eliminated the foreign body from the system. The irritant being removed, no more lymph is effused, and that which has been effused becomes speedily absorbed. It by no means follows that because calomel cures a serous inflammation dependent upon a syphilitic taint, it will therefore cure a serous inflammation dependent upon any other cause. Such a belief is fraught with the greatest danger in practice; for although in a serous inflammation the mineral diminishes the amount of lymph effusion, it does so by impoverishing the blood, by diminishing the fibrine a third, the albumen a seventh, and the other solid constituents a sixth. The blood being diminished in plasticity, a tendency in it towards serous effusion becomes developed. It is in inflammations of serous membranes, the pleura, the pericardium and the peritoneum, that we prescribe a medicine which directly promotes that which we desire most to avoid—the effusion of serum. There is no doubt in my mind that many cases of hydrothorax and of hydropericardium have been brought about by the lavish and injudicious use of calomel. Opium, in large

doses, has been found most potent for good in peritonitis. I have found it very beneficial in pleurisy. Practitioners will, at no distant day, lose their dread of the drug in meningitis and in pericarditis.

In conclusion, then, let me draw the attention of the profession to the important fact we have developed, that we prescribe, even to the saturation of the system, a medicine which directly promotes that which we least desire—the effusion of serum. Opium and its alkaloid act most beneficially in all cases (except the syphilitic) in which our text-books advise us to use mercurial preparations.

A CASE OF COMPOUND FRACTURE OF THE CRANIUM, FOLLOWED BY APHASIA.

By CARL H. SMITH, M.D., of Kenton, Ohio.

S. Z., aged 34, admitted to Dennison (U.S.A.) General Hospital, Aug. 10, 1864; cause of injury, railroad accident. When brought to the hospital, he was unconscious, and was at once operated on. He lost one and one fourth ounce of brain during the operation of removing fractured bones. He remained in a semi-conscious condition for six weeks, being fed by the mouth and rectum, as the case would admit of. After the lapse of two months he began to look about himself, but had lost the use of his speech. His intellect seemed to be in perfect order, memory alone being disordered in its relation to language. He remained in this condition for three months, when, with the help of nurses and others, he began to learn word after word, just as if he had never seen a letter. It was about eight months before he was able to converse at all, and then he would halt in quest of words. He was not affected with paralysis during his convalescence.

POISONING BY BROMIDE OF POTASH.

MR. EDITOR.—The following case, as related to me by my friend, Dr. J. O. Taylor, U.S.A., may be of interest to some of your readers. Private Jas. Walla (colored), Co. C., 39th U.S. Infantry, had been under treatment for some weeks for intermittent, and finally was admitted to hospital Feb. 17th, 1868, laboring under a severe attack of asthma. On the morning of the 18th, potash. bromid. gr. xx. was prescribed, to be given at 9, A.M., and at intervals of six hours through the day in the same dose.

The medicine was administered as ordered. The Dr. having occasion to visit the hospital at 10, A.M., found the patient suffering much agony in the region of the stomach, with repeated retchings and emesis. He complained that the "medicine had poisoned him;" and, on inspecting the mouth, the mucous membrane of the fauces was found to be highly injected, while the tongue presented every appearance of the effects of a corrosive poison. Diarrhoea also was present, and on using cloths they were found to be stained *violet color*. Two fluid drachms of aromatic spirits of ammonia, in half a tumbler of water, were at once administered, to the great relief of the sufferer. This was thrice repeated at half hour intervals, and mucilaginous drinks were prescribed for the rest of the day. The patient was finally relieved. It is to be remarked that no food had been taken for twenty-four hours previously, which may readily account for the rapid disintegration of the salt in the stomach and liberation of bromine.

C. B. BRAMAN, M.D.

Brighton, Mass., March 6, 1868.

Hospital Reports.

BOSTON CITY HOSPITAL.

Reported by F. C. ROPES, M.D., one of the Visiting Surgeons.

CASE I.—(Service of Dr. CHEEVER.)—J. D. S., aged 47, blacksmith, entered hospital on Jan. 2d, 1868, having received a deep punctured wound of the wrist from a piece of steel, which flew from a chisel while he was at work. The accident occurred shortly before entrance. The wound was situated close to the outer side of the base of the metacarpal bone of the thumb, and severed the radial artery. Patient states that he thinks he lost a pint of blood at the time of the accident. A surgeon was summoned, who tied the artery in the wound. On entrance, no hemorrhage. Slight compression made over wound.

Jan. 6th.—No return of hemorrhage. Wound healing rapidly.

14th.—Hand somewhat red and swollen. Poulitice applied.

18th.—Wound strapped with sticking-plaster. Omit poulitice.

25th.—Discharged, nearly well.

CASE II.—(Service of Dr. CHEEVER.)—D. F. C., æt. 33, entered hospital on May 30, 1866. While walking in the street, was assaulted by a man, who inflicted a stab with a knife, which entered near the flex-

ure of the elbow. Profuse hæmorrhage took place. A surgeon who was summoned to the case, was unable to tie the bleeding vessel in the wound, and accordingly tied the brachial artery, causing an arrest of the hæmorrhage. On entrance, it appeared that the median nerve had been injured, there being loss of sensation in the index and middle fingers. Suffering from loss of blood. Stimulants administered. Knife appears, from the wound, to have been rather more than an inch in width. Limb to be kept warm.

June 1st.—Temperature of injured arm good.

3d.—Suppuration commencing.

4th.—Upper part of arm much swollen. Dirty-looking pus discharged from original wound. Upper wound sloughy.

5th.—Temperature of injured arm decidedly less than of sound one. Limb to be enveloped in cotton-wadding.

6th.—Both wounds in a sloughy condition.

7th.—Slight hæmorrhage, controlled by cold applications.

8th.—Hæmorrhage to the amount of about ʒv. , controlled by cold and pressure. Rum, ʒvi. daily. Plenty of beef-tea.

9th.—Hæmorrhage to amount of ʒij. , arrested by pressure. Face pale. Pulse 140, weak. A consultation was held by Drs. Cheever, Buckingham and Derby, and it was determined to enlarge the original wound, and tie all the bleeding vessels there if possible; or, if the state of the parts should seem to demand it, to perform amputation of the arm. Ether was administered, and arm found to be in such a condition that amputation was called for. This was performed by Dr. Cheever, by the flap method. Seven ligatures and six sutures were applied. After three hours' exposure to the air, wound was dressed. Pulse 140, weak. $\text{R. Morphine sulphatis gr. } \frac{1}{4}$. Is very thirsty.

10th.—Slept a little last night. Is cheerful. Color returning. Appetite improving. Two dejections. Pulse 100.

11th.—Sutures removed; flaps separate somewhat. Wound rather sloughy. Some healthy granulations at various points.

12th.—Wound looking better. Edges still rather everted; to be drawn together with adhesive plaster. Yesterday, had three or four loose dejections. $\text{R. Tinct. opii gtt. xx. per rectum.}$ Some pain in stump; relieved by a subcutaneous injection of morphia.

25th.—Stump looks very well.

28th.—General condition not so good. Appetite poor. $\text{R. Quinæ sulphatis gr. ij. ter die.}$

30th.—Had a chill last night, not followed by fever. Profuse sweating.

July 1st.—Another chill. Some diarrhoea. To have boiled milk. Considerable sweating.

4th.—Is stronger. No chill. Less sweating.

5th.—By his own request, is discharged, in a very feeble condition. Three days later, he died, with marked symptoms of pyæmia.

Remarks.—The means of arresting hæmorrhage may be enumerated as follows:—1, ligature of vessels at the seat of hæmorrhage; 2, ligature of the main trunk, at a distance from the wound; 3, pressure; 4, position; 5, cold and styptics; 6, amputation. Of the above methods, the first—that by ligature of the bleeding vessel at the seat of hæmorrhage—is, in any serious case, the only one to be thoroughly trusted. This method should *always* be employed when practicable. If an artery of any size is wounded, it ought to be tied *in the wound*. It is a worse than useless waste of time to trifle with other means. The practice of ligating the main trunk higher up ought to be condemned in an unqualified way, whenever it is *possible* to reach the wounded vessel at the *wounded point*. The first case reported shows the excellent results of good practice. The bleeding vessel was tied in the wound, and all went well. The second case shows the bad effects of ligating the main trunk above the seat of hæmorrhage; here secondary hæmorrhage occurred, and finally amputation became necessary. It would not be just to blame the surgeon who happened to be called to this case, for tying the brachial artery; for all the attending circumstances are not known: but we do not hesitate to say, that this ought not to have been done, unless imperatively demanded.

When a surgeon is called to a case of hæmorrhage, from the arm, or the hand, for instance, the first thing to do is to apply pressure; either by compresses to the wound, or by compression of the brachial artery, until he has made all needful preparations, and summoned all needed assistance. Then ether is to be administered, and (the artery being effectually compressed), the wounded vessel is to be sought for. The skin and fascia may be freely divided to any reasonable extent; and it will rarely happen that a competent surgeon will be unable to find the source of the hæmorrhage.

if he only is patient. No matter how long a time is required; the artery is commanded, and the surgeon ought to set himself to this work with a determination to find and tie the bleeding vessel in the wound. It ought also to be added here, that acupressure may be employed in some of these cases. If properly applied, it appears to be as effectual as the ligature, though the latter certainly is more favorably considered by most surgeons. The above remarks need some qualification when applied to the lower extremity. Here it is not always possible to find the bleeding point; or, at least, an operation necessary to find it, would involve such a mutilation as to call for amputation. Of course in such cases other means, such as pressure, styptics, &c., must be tried, and will often succeed. It ought also to be admitted that in certain *extremely* rare cases of injury even to the arm or hand, it does happen that the bleeding vessel cannot be secured in the wound without an unjustifiable mutilation of the parts; and in these cases, ligature of the brachial artery may be performed. We must, however, repeat, that this operation can only be called for in the most exceptional cases.

The disadvantages of tying the main trunk at a distance from the seat of hæmorrhage are, 1st, the various dangers of so serious an operation; risk of sloughing, secondary hæmorrhage, &c.; and 2dly, the fact that it is very doubtful whether this operation will control the bleeding from the original wound. The collateral circulation must be established sooner or later; if, therefore, the lacerated vessel be not plugged soon enough, secondary hæmorrhage is certain to occur, and perhaps give rise to traumatic aneurism. The case might be stated in a few words as follows: If the wounded artery be large, ligature of the main trunk will probably prove ineffectual; if small, it is seldom necessary.

But there are cases in which this operation is called for; such as certain wounds of the lower extremity, and wounds very near to the trunk, as in the axilla or groin. If, in such cases, the bleeding vessel cannot be secured in the wound, we have no resource but ligature further up. But we should carefully consider all the circumstances of the case before taking this step, and remember that we are doing a bad thing, but still are justified by avoiding a worse one thereby.

Pressure is an excellent means of arresting hæmorrhage, whenever this method will succeed. It resembles the

ligation in the wound in this respect, that it is applied at the seat of the hæmorrhage. It is particularly suited to those cases in which we are sure that no very large vessel has been injured—as, for instance, to cases of secondary hæmorrhage after operations, when the source of the bleeding appears to be a number of small vessels. In these cases, pressure may be tried for a time; and, if unsuccessful, the wound must be opened and the bleeding vessels tied. It is not always, however, best to try pressure. For example, in a case of wound of the palmar arch, pressure may perhaps arrest the hæmorrhage, but a traumatic aneurism may thereby be induced, requiring subsequent surgical interference. In a case like this, too, the application of a tourniquet to the main trunk is generally to be condemned—being open to even greater objections than the ligature. It may do very well for a short time, while preparations for some other measures are being made.

Position is useful in certain cases, in which congestion of the part injured may thereby be avoided. It is especially indicated in what might be termed "medical hæmorrhages," e. g., certain cases of hæmoptysis or epistaxis. Here the upright position is sometimes very effectual. The horizontal or elevated position is called for in certain hæmorrhages from the lower extremity; e. g., in rupture of a varicose vein.

Cold and styptics are chiefly useful when the hæmorrhage is from a number of small vessels, so situated that pressure (which is infinitely preferable) cannot be applied. Such cases are hæmorrhages from the pharynx, the nasal cavities and the like.

Amputation is probably much oftener required as a means of arresting hæmorrhage than ligature of the main trunk at a distance from the wound. Some compound fractures, even of the upper extremity, are complicated with a continual slow oozing, so that nothing short of amputation will suffice to arrest it. Amputation, too, is required in certain cases of secondary hæmorrhage, in which the parts are sloughy, and no ligatures will hold. Such a case once occurred to ourselves, when serving at the U.S.A. General Hospital, Readville, Mass. The patient was about 50 years of age, and had received a gun-shot wound of the right hand some months previously. At the time referred to, there was extensive ulceration of the skin, and necrosis of two, at least, of the metacarpal bones. After a careful weighing of the facts, and considering that the man was daily growing more feeble, we determined to ampu-

tate above the wrist; but at a consultation it was concluded to perform a partial amputation of the hand. This we did, somewhat against our better judgment. The dissection was tedious, and considerable blood was lost. The wound soon became sloughy, and in two or three days we were summoned hastily to arrest hæmorrhage, which had occurred to about 3vi. before our arrival. Compression of the brachial artery was used, which stopped the bleeding for the time; and as we considered it impossible to keep on any ligatures in such a wound, and also bore in mind the fact that the patient was in a low condition, and would certainly sink under any repeated hæmorrhage, or prolonged suppuration, we performed amputation above the wrist. Scarcely any blood was lost in this operation, and the flaps were cut very long. Sloughing, to the extent of half an inch, occurred in one flap, and the condition of the patient was very precarious for a number of days, but he finally recovered with an excellent stump.

Bibliographical Notices.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M.D., Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York; Physician to the Bellevue Hospital; late President of the New York Obstetrical Society, &c. &c. Philadelphia: Henry C. Lea, 1868. 8vo. Pp. 625.

THE work before us is, as the author states in his Preface, devoted to the diseases of the non-pregnant woman, the whole subject of obstetrics not being touched. The first chapter contains a brief history of uterine pathology, and the author shows how few of what have been announced of late years as recent discoveries really deserve that title, the speculum, spongetents, medicated pessaries, &c., being alluded to in the writings of authors who wrote in the first few centuries of the Christian era. The merit of properly utilizing these means of treatment and bringing them into general use does, however, belong to our day.

In the next chapter, the etiology of uterine disease in America is considered, and the evil effects of want of exercise and fresh air, tight lacing and other improprieties in dress, the exposure of the ball-room, imprudence during menstruation and after

pregnancy, as well as abortion, &c., are separately discussed. He says:—

"Our young women are too willing to be delicate, fragile and incapable of endurance; they dread, above all things, the glow and hue of health, the rotundity and beauty of muscularity, the comely shape which the great masters gave to Venus de Medicis and Venus de Milo. All these attributes are viewed as coarse and unladylike, and she is regarded as most to be envied whose complexion wears the livery of disease, whose muscular development is beyond the suspicion of embonpoint, and whose waist can almost be spanned by her own hands.

These are they who furnish employment for the gynecologist, and who fill our houses with invalids and sufferers."

Twenty-five pages are given to the means of diagnosis, and the various methods of examination are separately treated of and their special advantages described. Excepting in placing coccyodynia under the head of diseases of the vulva, the subjects are systematically arranged, and they are treated clearly and concisely.

An interesting feature of the work is a short history of the progress made in the knowledge of each disease, serving as an introduction to its consideration.

Wherever there is danger of confounding different affections, the differential diagnosis is carefully entered into. The treatment is given at some length, divided by appropriate headings, according to the indications to be fulfilled, and the surgical operations well described, and illustrated, as are many of the diseases, by wood-cuts.

Dr. Thomas regards antelexion as the most common displacement of the uterus. He lays down the following rules with regard to it:—1st, That flexion, as an independent condition, is often incurable; but that, in compensation, uncomplicated flexion is often not productive of symptoms, and calls for no treatment. 2d, That when complicated by morbid states, flexion may be relieved by their removal. 3d, That when flexion results mechanically, in evil symptoms, we may frequently remove these by surgical interference.

He regards the use of intra-uterine pessaries in this disease as very dangerous, though it has been advocated at different times by Simpson and other eminent practitioners. The operation for the relief of antelexion, cutting through the posterior wall of the cervix up to and within the os internum, is called "extremely simple," but on this point we think all practitioners would not agree with him.

The book is written in a very pleasant style, and is entirely free from anything like dogmatism. The type and paper are good, and we commend the book to the student of gynecology.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 4, 1868.

RESULTS OF OPERATIONS.

WE propose to publish, from time to time, the subsequent history and results, whether favorable or otherwise, of the operations reported in this JOURNAL from the City Hospital. We believe that we shall thus be promoting the advance of surgical science, for we can only learn by experience, and our whole object should be to serve the cause of truth. Were such a course pursued in all medical history, the statistics of many diseases and many operations would be wholly changed; and those who come after us would be better guided in their efforts to relieve suffering and to cure disease, if they could read the records of the mistakes and failures, as well as the successes of their predecessors.*

RESULTS OF CASES REPORTED IN VOL. I., No. 2, PAGE 22.

CASE I.—Ligature of the External Iliac Vein.—This patient made a rapid and a perfect recovery. A similar case, operated on a year previously, died. A third case, of rupture of the femoral vein, died. A fourth case, where the vein and artery were laid bare by the runner of a sled entering under Poupart's ligament and tearing up the deep crural arch, but not injuring the peritoneum, recovered, without hæmorrhage. The patient was a lad of 12 years of age. We propose, at a future day, to collate these cases at greater length.

CASE II.—Ligature of the Lingual Artery for Cancer of the Tongue.—The ligature came away safely, and the wound healed promptly by granulation. The only inconvenience felt from the operation was a temporary pharyngitis, probably from the manipulation required to reach the vessel, un-

der swollen glands. These glands ceased to enlarge. The tumor in the tongue stopped growing, if it did not shrink, and the ulcerated part healed. It was on account of this ulceration and the fear of increasing it, that the operator did not tie both linguals, as recommended by M. Demarquay. The patient expressed himself relieved by the operation. Meanwhile, the gland on the other side of the lower jaw, which was incised and had discharged pus, now sprouted out into a soft cancerous mass. This was repressed by chloride of zinc, applied in powder, repeatedly. It was thus diminished, but the patient left the hospital with the constitutional disease uncured.

CASE III.—Amputation at the Shoulder-joint for Medullary Cancer of the Humerus.—The wound healed kindly, and without necrosis, in six weeks. The axillary artery ligature did not separate, however, until several weeks later. There was no hæmorrhage. The patient appeared as if relieved of a load of disease. He improved very much in health and activity. His days were certainly numbered before the operation, as the disease had perforated the outer shell of the humerus from the medullary cavity, was implicating the soft parts, and had encroached so far up as to leave barely room for flaps to cover the disarticulation. Three months later, he continued well.

CASE IV.—Excision of Head of Femur for Hip Disease.—This child has gone on, without any drawbacks, to recovery. The wound in the hip has almost closed. There is no discharge of pus, and only moisture enough to cover the granulations. He can swing and turn the leg in all directions. He goes all over the building on crutches, ascending three flights of stairs. He can stand without crutches. There is never any pain or hectic. There is about an inch and a quarter of shortening. His future condition seems promising, and worthy to be noted.

The second case of *Excision of the Hip* (reported in No. 6, p. 88) is doing well. It is now two months since the operation. The child is still in bed, but is healthy, and is growing in stature and gaining in flesh. There is no constitutional disturbance whatever. The wound is closing. No appear-

* Results not mentioned here have been stated in the first report of the cases.

ance of necrosis. The leg can be freely rotated without pain. She has an extension of three pounds. The case is very promising, so far.

The case of *Excision of the Hip* reported among the "Surgical Cases in 1867," since last December (having been operated on in the previous June) has been without a cane, going up and down stairs, &c. Since April, she has been allowed to go to school. The wound remained closed and free from pain until three weeks ago, when an abscess opened in the seat of the operation, and is now discharging. On examination, there is no denuded bone to be felt. Whether this abscess is due to natural causes, to changes of temperature in going out, or to a blow she received in playing, we cannot say. It seems certain that she will perfectly recover in time.

CASE V.—Removal of Leucocythæmic Tumor of Neck.—The wound healed, without hæmorrhage. The number of white cells came down to a healthy average; but the patient, although improved, retained his cachectic appearance, when last seen. No new glandular growths.

CASE VI.—Glandular Tumors removed; Leucocythæmia.—As a not unusual consequence of the tendency to stasis in white-cell blood, double pneumonia supervened. The patient recovered. The wounds healed. The cells came down to a healthy average, but she remained pale, and the glands behind the ears remained enlarged, when she was discharged from the hospital.

In a case operated on in 1863, a large leucocythæmic tumor was removed from the neck of a boy of 8 years of age. The glandular enlargements in the neck and axilla recurred in eight months, and in one year more he was near his end.

In another case, no recurrence took place after operation; and it is interesting to note that in the two cases reported recently, a positive diminution of white cells followed the removal of the glandular tumors, thus confirming Virchow's views of the white-cell-desquamating morbid action of these growths. For any farther details on this subject, the reader is referred to a paper on Leucocythæmia, read before the Massachusetts Medical Society, and published in this JOURNAL for August 2, 1866.

CASE VII.—Rhinoplastic Operation.—Two subsequent partial operations were required. They resulted in covering the opening into the nares, and improving the appearance considerably. There was a good deal of shrinking of the cicatrices.

CASE X.—Radical cure of Hernia.—Patient continued well when last seen.

CASE XII.—Endo-osteal Caries of Tibia.—Not heard of since he left the hospital. We have every reason to conclude, therefore, that he is free from pain, and recovering.

CASE XIII.—Necrosis of Femur.—Erysipelas followed. Then a low, typhoid condition, which lasted for weeks. This was succeeded by renewed caries of the femur. The disease was too extensive for amputation. He was discharged, having received no permanent benefit.

CASE XIV.—Slight Necrosis of Femur and Abscess of the Ham.—The wound healed entirely, and she went out, apparently well.

IN No. 10, PAGE 152.

CASE I.—Perineal Section by the direct Method.—This patient ultimately sank and died. The autopsy revealed general peritonitis, most intense near the pelvis. No perforation. A large, old abscess in the right lobe of the prostate gland, which extended beyond the gland proper into a cavity, walled by adhesions, on the right side of the pelvis. The pelvic organs were glued together. The bladder extremely thickened, and in a state of chronic cystitis. An old false passage led from the prostatic urethra into the abscess. The urethra itself was directed towards the left into the bladder. Previous to his death, this patient had abscesses in the ears, and a state of great cachexia, with rigors and sweats. His condition was poor from his first entrance.

IN No. 14, PAGE 215.

CASE II.—Compound Fracture of Skull.—Made a perfect recovery.

CASE IV.—Syphilitic Sarcocœle, and removal of Testis.—Recovered, but did not lose the syphilitic cachexia.

CASE III.—Perineal Section, direct.—Two months since the operation, he remains in the hospital. There has been a continuous discharge of pus from the perineum and

through the catheter, from a prostatic abscess, which is large and deep. Patient is somewhat more feeble, and not improving at present.

Of five cases of perineal section which we can call to mind during the last year, one was operated on by Syme's method, and four by the direct method, known as Mr. Cox's. Perineal fistula existed in three—old, impermeable, organic strictures in all. In two there was abscess of the prostate and its neighborhood. Of these latter, one died, and the other now seems to be failing. Two of the five cases are dead. The single case of Syme's operation died. Of the four cases of Cox's method of operating, one died; one is not improving; two recovered.

For just the right cases, we must still consider the direct method of operating the best. Such cases must be absolutely impermeable by the urethra; for these the direct operation saves a great deal of delay, and of cutting and picking to find the severed end of the urethra.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.—FIRST DAY.

At 10, A.M., on Tuesday, the Fellows of the Society visited the two Hospitals.

At the Massachusetts General Hospital, they witnessed the following operations:—

1. Re-amputation of leg, by Dr. H. G. Clark.
2. Amputation at the hip-joint, by Dr. R. M. Hodges.
3. Extrophy of bladder, by Dr. H. J. Bigelow.
4. Excision of breast, by Dr. H. G. Clark.

At the City Hospital, the following operations were performed:—

1. Extraction of cataract, Dr. H. W. Williams.
2. Fibrous tumor in parietes of abdomen, Dr. Geo. Derby.
3. Necrosis of tibia, Dr. F. C. Ropes.
4. Strabismus, Dr. H. W. Williams.
5. Extirpation of superior maxilla, Dr. D. W. Cheever.
6. Lipoma of back, Dr. Geo. Derby.
7. Epithelial tumor of face, Dr. F. C. Ropes.
8. Glaucoma, Dr. Williams.
9. Misplaced septum nasi, Dr. D. W. Cheever.

10. Cancer of tongue, Dr. Geo. Derby.

11. Congenital cataract, Dr. Williams.

12. Nævus of lip and cheek, Dr. D. W. Cheever.

13. Iridectomy, Dr. Williams.

14. Cataract, Dr. Williams.

At 12, M., and also at 4, P.M., Papers were read as follows:—

1. Characteristics of Modern Surgery. By Dr. Richard M. Hodges.

2. Pathology of Malignant Growths. By Dr. Algernon Coolidge.

3. Prospective Provision for the Insane. By Dr. Pliny Earle, of Northampton.

4. Some Improvements in Midwifery. By Dr. Geo. W. Garland, of Lawrence.

5. Enucleation of the Eye-ball. By Dr. B. Joy Jeffries.

6. Acne. By Dr. James C. White.

7. Extra Digits. By Dr. Burt G. Wilder.

In the evening, the Councillor's meeting was held, followed by a collation.

BOYLSTON PRIZE ESSAY.—We have received from the author, Mr. Chas. B. Brigham, a copy of the Essay on Diabetes Mellitus, which received the first prize of the Boylston Medical Society for the current year. It is printed in a neat octavo of 55 pages, and seems to be a thorough, though brief monograph on this disease.

Besides contributing to the medical advancement of students by its meetings, the Boylston Medical Society, by its Annual Prizes, is doing a good work in encouraging research on single subjects, and in promoting industry among the competitors. Particularly of late years some excellent essays have been offered, not all of which could receive a Prize.

Could we have a few large triennial or quinquennial prizes offered to physicians, as so many are from endowments at the disposal of the French Academy of Medicine, they would elicit monographs which would advance science and the knowledge of our art much faster than general treatises and miscellaneous compends, however excellent.

The last number of the *New York Medical Gazette* contains the name of A. L. Carroll, M.D., as Editor, in place of Leroy Milton Yale, M.D., the former Editor.

EXPERIMENTS WITH THE PEROXIDE OF HYDROGEN IN THE HEALING OF ULCERS.—In these experiments the poison of chancre was employed. Seven male patients with soft multiple sores on the genitals were inoculated on both thighs from their own sores, and these places exhibited in three days the characteristic appearances of inoculated chancre. Half of these sores were now touched three times a day with a strong solution of peroxide of hydrogen, and also bound up with charpie moistened with a dilute solution. At first only a slight itching was complained of, and after four or five hours each sore was covered with a thin whitish film which covered the surrounding epidermis in a similar manner. The development of gas ceased after repeated moistening of the inoculated chancre with the peroxide, but began again after the whitish film covering the sore had been mechanically removed. On the third day of this treatment the sores appeared almost larger than those which were bound up dry, but they healed rapidly and on the eleventh day they exhibited only excoriations. The sores which were bound up dry exhibited the usual appearances of such inoculated spots, two became phagedenic, and were cauterized, and the rest were bound up with solution of acetate of copper. The healing of the sores treated with peroxide of hydrogen was accomplished on the average within twelve days, but the others only within twenty-three days. Other cases are recorded in which the results were equally favorable, and the conclusions drawn on the whole subject by Dr. Stöhr are the following:—The peroxide of hydrogen decidedly accelerates the healing process in virulent ulcers, especially in the soft multiple chancre. It changes the secretion in such a manner that the inoculability is lost, and it takes from the sore its specific character. A considerable amount of the peroxide is necessary for the destruction of the inoculability. The remedial operation of the peroxide is most remarkable in diphtheritic sores. The peroxide is not a corrosive agent in the ordinary sense, since it does not destroy the tissues, and probably only influences the fluids, such as pus, &c. But the secretion of sores, and the exudations of croup and diphtheria are directly and remarkably altered by the peroxide in their morphological as well as in their chemical constitution.—*Med. Chir. Review.*

A CASE OF CÆSAREAN OPERATION SUCCESSFUL TO MOTHER AND CHILD. Occurring in the

practice of JOHN TAYLOR, M.D., M.R.C.P. Lond.—On the 28th of December, 1867, at noon, I was called to see Mrs. H—, living in Pickering place, W., the wife of a porter to a confectioner in the neighborhood. She was twenty-three years of age, at the full period of her first pregnancy, and had been in pain of an intermitting character from twelve o'clock on the preceding night. On examination per vaginam, the finger came in contact with the body of the sacrum, about two inches from the arch of the pubes; and on turning the finger upwards and forwards, the promontory of the sacrum was felt, arching forwards to within one inch and a quarter of the pubes. The whole of its surface was very tender to the touch. The os uteri could just be reached, hanging over the contracted pelvic brim like a nipple, though absolutely unaffected during the uterine contractions, which could be felt through the abdominal walls at regular periods of ten minutes. On an external view of the abdomen, the uterus occupied an oblique position, and, in the intervals of pain, the child's head could be distinctly felt hanging over the left groin, and the nates as distinctly observed in the right hypochondrium. The sacrum behind joined the lumbar vertebrae at an angle of 45 degrees. On finding this abnormal condition, I called on Mr. Baker Brown, who immediately visited her at two P.M., and confirmed my diagnosis; and was of opinion that nothing but the Cæsarean operation could save either mother or child. Having explained the circumstances to the patient and her husband, and by their full concurrence, I at once removed her to the "London Surgical Home," where Mr. Brown, assisted by Drs. Holt Dunn, Hubbard, Watts, Mr. Strange and myself (all of whom examined the patient under chloroform previous to the operation, and confirmed the opinion as to the state of the pelvis, and as to the absolute necessity of the operation), at once operated, quickly removing a healthy female child, weighing seven and a half pounds. The uterus was closed by silver sutures, and the abdomen also by the same means. The whole operation was performed in less than five minutes.

A low form of general peritonitis ensued, vomiting occurring incessantly until the fourth day, when a severe attack of sickness caused one of the abdominal sutures to give way, and a quantity of very acrid peritoneal fluid escaped through the incision; a knuckle of intestine also protruded and was replaced. The inflammatory symptoms subsided forthwith, and the patient is now con-

valescent. The child progresses very favorably, is fed on milk and water, and appears none the worse for its unnatural mode of birth.—*Lancet*.

STRICTURE OF THE URETHRA TREATED BY POTASSA FUSA.—James N—, aged thirty-two years, a strong, healthy looking man, was admitted into King's College Hospital on the 28th of August, 1867.

About twelve months before, the patient was knocked down by a cart, one wheel of which passed over the lower part of his body. The following morning there was complete retention of urine, and the man sent for a surgeon, who succeeded in passing a catheter and emptying the bladder. The catheter was allowed to remain for three days. Since that time no instrument had been passed; but there had always been difficulty in micturition and great straining. These increased in intensity up to the time of admission, when the urine was discharged, not in a stream, but in constant dribbling.

On admission, a tight stricture was found at the back part of the urethra; and corresponding to this could be felt a small indurated tumor in the perineum. Mr. Smith failed after several attempts to pass the smallest catheter through the seat of obstruction. The patient was kept in bed in the recumbent position, and three leeches were ordered to be applied to the perineum.

On August 31st, and Sept. 4th, leeches were again applied to the perineum. The fibrous swelling seemed slightly reduced after this, and the flow of urine was decidedly freer, but the stricture still remained impassable to instruments.

Sept. 19th.—A soft waxen bougie was passed down to the face of the stricture, and the distance of the contracted part of the urethra from the external meatus marked on this with the finger nail. A small piece of potassa fusa, broken off from the centre of a fresh stick, was then placed in a depression made at the end of the bougie, and carried down rapidly to the stricture, and kept in close contact with its surface for about two minutes. This proceeding caused severe pain, which, however, very soon passed off.

This treatment was repeated on alternate days until Oct. 8th, when a small catheter (No. 2) was passed into the bladder with ease. On October 22d, a No. 5 catheter was passed, and from this time the patient progressed favorably and rapidly. He attended for some time as an out-patient, and was finally enabled to pass his urine in a full stream. When last seen, a No. 9 catheter could be passed with facility.—*Ibid*.

THE NEW ANÆSTHETIC (?) NITROUS OXIDE.

—A very opportune discussion took place at the Medical Society of London, on Monday night last, on the so-called Anæsthetic Nitrous Oxide Gas. A question on the subject addressed to the President, Dr. Richardson, whose authority on such a point cannot be questioned, drew from him a clear and careful summary of its action. It was painful, he remarked, to see the childish excitement with which nitrous oxide and its effects had recently been dwelt on. The gas had been treated as an unknown, wonderful, and perfectly harmless agent; whereas, in simple fact, it was one of the best known, least wonderful, and most dangerous of all the substances that had been applied for the production of general anæsthesia. No substance had been physiologically studied with greater scientific zeal or more rigid accuracy; and no substance had been more deservedly given up as unfit and unsafe for use. It had caused death in the human subject, and on animals it was so fatal that with the utmost delicacy in its use, it was a critical task thoroughly to narcotize an animal with the gas without actually destroying life. In some cases, also, animals died after recovering from the insensibility.

Respecting the mode of action of the nitrous oxide, Dr. Richardson explained that it was not, in the true sense, the agent that caused the insensibility. It acted indirectly, and the immediate stupifier was really carbonic acid. In fact, nitrous oxide is an asphyxiating agent. There are two explanations of this. It may be that the nitrous oxide quickens the oxidation of blood, and so causes accumulation of carbonic acid in the blood; or it may be—and this is most probable—that it acts by checking the outward diffusion of carbonic acid. The vapor density of nitrous oxide and of carbonic acid is the same—namely, 22, taking hydrogen as unity; and as diffusion of gases into the blood and out of it, is governed by the same laws as in ordinary diffusion, to make an animal breathe the nitrous oxide is virtually equivalent to making it breathe carbonic acid itself, the diffusion of carbonic being so determinately impeded. The living phenomena were also in character; the arterial blood was rendered venous by nitrous oxide; the animal temperature fell; the skin became livid. And although these symptoms might be induced many times without actually destroying life, they could not be sustained for any length of time without certain disaster. Dr. Sansom followed in nearly the same strain.

In speaking out thus boldly to a professional audience, Dr. Richardson has not spoken a moment too soon. The ad captandum method of applying the most potent medicinal agents against the teachings of scientific experiment and the experience of accepted observers, is a phase in physic which requires to be put down with a strong hand. Administration of nitrous oxide, or laughing gas, as it is commonly called, is becoming a pastime for amateurs. We hope these few and timely words will prevent a catastrophe. If they fail, the fault or neglect will not rest with us.—*Lancet*.

A PLACENTA RETAINED 123 DAYS AFTER MIS-CARRIAGE IN A THREE MONTHS PREGNANCY.—Mrs. P., aged 40, living with her husband, miscarried on December 3d, 1867, when a three months fetus was expelled. There was no flooding at the time, and in the evening of the same day she attended to her business. No medical man was called.

From December 3d, 1867, to April 3d, 1868, a period of 123 days, she suffered from more or less bleeding, sometimes pale and thin, at other times very red, occasionally passing small dark clots. No after-birth had passed, and she says that during the whole of the time the discharge was not very offensive. The loss was greatest at what were her usual menstrual periods, on the decline of which the smell became worse. When sent for on April 1st, I learned from her the above particulars and found her, as may be expected, very anæmic indeed.—She refused to be examined on my first visit; but consented to be in bed on my coming next day.

On April 2d, 1868, I examined her and found a globular mass presenting at the os uteri, which was dilated to the size of a florin. There was a thin discharge with small coagula, but no fœtus. I could not grasp the substance presenting, but managed to rotate it in the uterus with my forefinger. Ordered powder of ergot in fifteen grain doses every four hours. Called on the following day, and on examination found no advance of the retained mass. She then had pains and bearing down, but no discharge. Desired her to continue the ergot, and after taking it in the above doses for twenty-eight hours, she expelled a placenta of about 3 oz. in weight. The fetal surface was folded on itself. The maternal surface was of a pale straw color, two thirds of it looking like a bit of fat; the remainder of the maternal surface was dark red, but there was no trace of anything to

indicate organic adhesion. The fetal surface was covered with membranes, which ceased at its edge, and the insertion of the cord could be seen. Except that it was more dense in its structure when cut, the placenta seemed just the same as any other, and there were no signs whatever of putrefaction about it.

I beg to send you this simple record because of the bearing it has in a medico-legal sense, and also because of the physiological reasoning which may be had on it.—*Medical Times and Gazette*.

SIMPLE SYNTHESIS OF UREA.—Prof. Kolbe, of Leipzig, who is at present in London, described at the last meeting of the Chemical Society, an interesting and wonderfully simple process for the synthesis of urea. All chemists know that each molecule of carbonate of ammonia contains the elements of a molecule of urea plus two molecules of water. During the incipient putrefaction of urine, urea actually takes up two molecules of water, according to the well known formula— $\text{C O H}_4 \text{N}_2 + 2 \text{H}_2 \text{O} = (\text{N H}_4)_2 \text{C O}_3$, and is thus converted into carbonate of ammonia. The same change can be effected by heating an aqueous solution of urea to a temperature of 284° Fahr. in a hermetically sealed tube.

Urea, in fact, bears to carbonate of ammonia the same relation that oxamide does to oxalate of ammonia. Now, when oxalate of ammonia is heated, it loses two molecules of water, and is converted into oxamide; but carbonate of ammonia, when exposed to similar treatment, is simply volatilized instead of being dehydrated. The parallel reaction has, however, at last been effected by Professor Kolbe, and thus this important gap in the history of urea is filled up. The process is very simple. Dry carbonate of ammonia is enclosed in a hermetically sealed glass tube, and heated for some time to a temperature short of that at which urea decomposes.

Under these circumstances, the salt behaves like oxalate of ammonia—that is to say, it loses water and becomes converted into the corresponding amide—in other words, into urea. The formula is, of course, precisely the reverse of that given above, but we will vary its form by presenting it in the old notation, which is, even now, more familiar to many of our readers— $2 (\text{N H}_4 \text{O, C O}_2) = \text{C}_2 \text{O}_2 \text{H}_4 \text{N}_2 + 2 \text{H O}$. As usual, the thing being done, one is tempted to wonder why so very simple an experiment was never tried before.—*Ibid*.

Selections and Medical Items.

LOCAL ANÆSTHESIA IN THE TREATMENT OF TRAUMATIC TETANUS.—J. C. Whitehill, M.D., reports having been called to a case of tetanus, in a boy of about 16 years, who had trodden upon a rusty nail. The wound, although temporarily painful, healed over in a few days, and gave no further trouble. In about ten weeks, he complained of slight stiffness of the muscles of the neck and a difficulty in swallowing, which increased until well-marked symptoms of tetanus were recognized. The usual routine of treatment was tried without any apparent benefit. The inhalation of chloroform was thoroughly resorted to, and afforded relief only when total anesthesia was produced.

The application of chloroform to the entire spinal column was then made by means of a cloth saturated with it, and evaporation prevented by covering the cloth with oiled silk. The application was made just at the approach of a paroxysm. As a result of the application, the paroxysm was averted, and in a very few minutes the patient fell into a calm and natural sleep, lasting several hours—the longest interval between the paroxysms he had yet enjoyed. On feeling a returning paroxysm, he asked for a re-application; and a second time the spasm was averted, and a comfortable sleep followed. For the next forty-eight hours occasional tetanic symptoms immediately yielded to the application of chloroform. The subsequent convalescence was rapid. Three cases reported by Dr. Hinkle gave a like favorable result from the same method of treatment.—*Humboldt Medical Archives.*

A REMARKABLE CASE OF POISONING.—An inquest was held last week at Bristol on the body of a bar-maid, who poisoned herself with oxalic acid. The evidence went to show that the deceased took three quarters of an ounce of the poison dissolved in warm water, highly charged with lime, and that she died ten minutes afterwards. It is remarkable, as Mr. Herapath informs us (who gave evidence at the inquest), that she vomited almost all the poisonous material, as the coats of the stomach retained by absorption only two grains of the oxalic acid. There was nothing to be found in the contents of the stomach, which were merely effused blood. The stomach was intensely red and inflamed in that short period. The hot lime-water acted as an instantaneous emetic, and came up almost as it was swallowed, "a milky-looking fluid," capable of precipitating a large quantity of time. The woman died, of course, from collapse, which would be produced by oxalic acid.—*London Lancet.*

CONTINUED ELECTRIC CURRENTS AS A REMEDY FOR THE ACCIDENTS CAUSED BY CHLOROFORM.—M. Claude Bernard recently presented to the Académie des Sciences a paper on this subject by MM. Onimus and Legros. The authors have used Remak's pile (14 to 30 elements), and experimented on dogs, rabbits, sea-hogs, rats, frogs and tritons. The animal, left for two or three minutes apparently dead, has been resuscitated,

so to speak, immediately, by the continued currents. If the interrupted current is used, death is the consequence when the electrization is prolonged; if it is not prolonged, the animal may still be re-called to life by the continued current. For rats and sea-hogs, fourteen of Remak's piles are used. This number is not sufficient, however, for rabbits and dogs; thirty elements are then scarcely sufficient. It would thus be necessary to employ for man electric apparatus which would give a considerable tension.

TRICHINOSIS.—The following curious history from Prof. Virchow's pamphlet (*die Lehre von den Trichinen*, Berlin, 1866), we find in the *Dublin Quarterly* :—

"In February, 1863, Langenbeck, in Berlin, was operating upon a swelling in the neck, when he observed that the muscles laid bare were full of calcined trichinae. The man, upon being asked whether he ever had a peculiar attack of disease, related that in the year 1845 a commission was employed in Jessan for the inspection of schools; the eight members of it breakfasted together at a merchant's house. One left, having partaken of only a glass of red wine; the other seven drank white wine and eat what was provided. These last, one of whom was the relator, took ill, and four died. Suspicion fell upon the meal and the host. A legal investigation was held upon the white wine, which had no result; but the host felt obliged to emigrate, he remained such an object of suspicion."

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic; 10 A.M., Medical Lecture, 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

TO CORRESPONDENTS.—Communications accepted.—A Case of Epistaxis—Cucurbita Pepo as a Vermifuge.

ERRATUM.—No. 17, Vol. I., New Series, page 272, in parenthesis, for "tout" read *toute*.

DEATHS IN BOSTON for the week ending Saturday noon, May 30th, 90. Males, 47—Females, 43.—Accident, 4—anaemia, 1—Inflammation of the bowels, 1—disease of the brain, 3—Inflammation of the brain, 1—bronchitis, 4—cancer, 3—consumption, 16—convulsions, 1—dropsy, 2—dropsy of the brain, 3—drowned, 1—epilepsy, 1—fever, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 4—Infantile disease, 4—disease of the kidneys, 3—disease of the liver, 3—congestion of the lungs, 2—Inflammation of the lungs, 9—marasmus, 2—old age, 4—purpura, 1—pyæmia, 1—rheumatism, 1—disease of the spine, 1—ulcers of the stomach, 1—unknown, 10.

Under 5 years of age, 34—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 19—above 60 years, 15. Born in the United States, 68—Ireland, 24—other places, 8.